Indiana Kids' First Trust Fund
Monthly Report

I.   General Information (all programs complete this section in it's entirety)

Report Period: _____

Contract No.:_____   Amount of Award: _____

Agency Name:_____

Person Completing Report: _____Title:_____

Phone: _____Fax: _____Email:_____

Type of Program: (check the **primary** function of the KFTF funded program)

_____Parent Education & Support   _____Life Skills for Children & Youth
_____Home/Hospital Visitation   _____Family Resource Centers
_____Professional Training   _____Local Council/Network Support
_____Public Awareness/Education

II.   Performance Based Deliverables (all programs complete this section)

Instructions: Please state the deliverable(s) of the KFTF funded program and the actual progress made toward achieving the deliverable(s). **Limit your responses to one page per deliverable**. Each page should include the following information:

1.   Performance based deliverable(s).
2.   **Actual** progress made toward achieving deliverable(s).
3.   Data collection method/evaluation tools used to know program is achieving the specified deliverable(s).
4.   Have any unexpected results occurred in trying to achieve this deliverable, such as increase/decrease in participation, staff turnover, increase/decrease demand of service, etc.? If so, how has the program addressed these results? **Please fully explain.**

III.   Prevention Programs (Completed by all)

Instructions: Limit your responses to two pages.

1.   How do you think your prevention program has raised the awareness of child abuse and neglect prevention in your service area?
2.   Have you seen an increase/decrease in requests for services and information in this reporting period? Please explain.
3.   How has the program/agency promoted the sale of "Kids First" license plates in the community and among the program staff and participants?
4.   Other comments

Instructions: Please provide information on the following primary prevention activities. The following definitions are meant for clarification purposes only. **Please note each month there must be accountability for new and ongoing statistics in regards to your program. Duplicative numbers will not give an accurate final total for the numbers of families/children that are served in the state of Indiana by the KFTF funded program.**

1.   Trainings: Activities where a program staff member details specific information on the prevention of child abuse/neglect in the community and gives specific strategies on how to prevent child abuse and neglect. Trainings may be done for a specific group, such as teacher in-service, hospital personnel, law enforcement or possibly for interested community members.

_____   # of brochures/informational pieces distributed
_____   # of trainings provided
_____   # of people who attended training

2.   Presentations: Activities where a program staff member speaks to a group of people about the goals and objectives of the program. The presentation is informational in nature and is not meant to teach participants specific skills in reducing child abuse and neglect. Presentations may be given at local community service clubs or other venues where community members gather.

_____   # of presentations given
_____   # of people who heard presentations

3.   Community Events: Venues where the program has an opportunity to display its information and services it provides. Events may be a part of a local child abuse prevention event, gathering of local human service providers, school and community events, etc.

_____   # of community events attended

4.   General Information: May include, but is not limited to, requests for information on program goals/objectives, services, and /or presentations.

_____   # of inquiries for general information

5.   Other: Please list a brief description and provide numbers where appropriate of other data your primary prevention program collects.

IV.   Additional Prevention Questions

Instructions: Limit your responses to two pages.

1.   How has the program/agency promoted the sale of "Kids First" license plates in the community and among program staff and participants?
2.   Other comments

Instructions: Please provide the following information on program activities.

1. Program Participants: List the number of **actual** program participants by county for this reporting period. Use the following format:

County:_____
Actual # of Adult Participants: _____
Actual # of Children Participants: _____

2. Staffing: List the following information on staffing and the **average** number of hours per week each staff member spends on the KFTF funded program.

_____# of staff members involved in delivering KFTF funded program in reporting period

Position Title: _____   Average hours/week:_____
Position Title: _____   Average hours/week:_____
Position Title: _____   Average hours/week:_____
Position Title: _____   Average hours/week:_____